



TEXAS DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MANAGEMENT

**2 YEAR CONTINUING EDUCATION
EVALUATION APPLICATION**

For TDH Use Only

2A284/160

Receipt # _____

Date _____

Amount _____

The 2 Yr. Continuing Education (CE) Evaluation is not a requirement for maintaining EMS certification, although it is often mandated by Medical Directors or employers. Complete this form to apply for the 2 Yr. CE Evaluation or the 2 Yr. CE Re-Evaluation. Submit completed form to your local Public Health Region office. Contact the Region office to schedule a seat for testing and for application and fee processing details.

Make payment to: **Texas Department of Health.**

This is NOT a recertification application.

The **2 Yr. CE Evaluation** must be completed within 180 days after the 2 year certification mark. To qualify to sit for the CE Evaluation you must submit the following items:

- Complete the 2 Yr. CE Summary Report form
- Complete this application form with fee (if applicable)

The **2 Yr. CE Re-Evaluation** must be completed at least 181 days after the 2 year certification mark and at least 181 days prior to certificate expiration date or receipt of your Recertification Application, whichever occurs first. To qualify you must meet the following conditions:

- You must have completed the 2 Yr. CE Evaluation (requirements as stated above)
- Complete this application form with Re-Evaluation fee (if applicable)

Section 1 - Personal Data

Name: Last			First			Middle			Social Security # * or EMS Personnel ID #:					
*Disclosure of your SS# is voluntary. We recommend you provide your SS# as it is used to assure that TDH has an accurate identifier not subject to the coincidence of similar names among the large number of persons on whom data is maintained.														
Mailing Address:			Street or PO Box			City			State			Zip		
Date of Birth (MM/DD/YY):				Drivers License Number (include state):				Email:						
Hm Ph: ()						Bus. Ph: ()								
Mark your Level of certification:			G ECA			G EMT			G EMT-Intermediate			G EMT-Paramedic		
Mark the Fee(s) You Are Submitting:														
G Basic Level CE Evaluation Fee (ECA & EMT - \$50)						G Exempt from fee - Complete Section 3 on reverse								
G Adv. Level CE Evaluation Fee (EMT-I & EMT-P - \$75)						G CE Re-Evaluation fee (\$25 all levels)								
G Other (Insufficient from previous applications, volunteer-to-pay, etc.)-Explain : _____														

Section 2 - Signature

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant _____ Date _____

OVER ➡

Section 3- Volunteer Sign-Off

This section to be completed by EMS administrator

This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH licensed emergency medical services provider or a TDH registered first responder organization, and does not receive compensation** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation** , other than reimbursement as described below.

I have explained to the candidate that if during the certification period, the candidate begins to receive compensation** for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.

Signature of Administrator _____

Print above signed name _____

**Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.

FIRM/ORGANIZATION NAME:

FIRM/ORGANIZATION ADDRESS, CITY, ZIP:

TDH FIRM/REGISTRATION NUMBER:

PHONE: